



Express Mail No. EV322527300US  
Attorney Docket No. JUV2879.54-3  
Client/Matter No. 86715.0006.000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Steven W. Dow  
Jeffery Fairman

Serial No. 10/780,114

Filed: February 17, 2004

For: SYSTEMIC IMMUNE ACTIVATION  
METHOD USING NUCLEIC ACID-LIPID  
COMPLEXES

Art Unit: 1632

Examiner: Not yet accorded

CERTIFICATE OF MAILING BY EXPRESS MAIL

Mail Stop MISSING PARTS  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The undersigned hereby certifies that the following documents:

1. Notice to File Missing Parts;
2. Petition For Extension of Time Under 37 CFR 1.136(a);
3. Fee Transmittal and check in the amount of \$1223;
4. Executed Declaration for Utility Patent Application;
5. Return postcard; and
6. Certificate of Mailing by Express Mail

relating to the above application, were deposited as "Express Mail", Mailing Label No. EV322527300US, with the United States Postal Service, addressed to Mail Stop MISSING PARTS, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 5, 2004  
Date

Sarah J. Smith  
Mailer

August 5, 2004  
Date

Sarah J. Smith  
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# FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$1223)**

## Complete if Known

Application Number	10/780,114
Filing Date	02/17/2004
First Named Inventor	Steven W. Dow
Examiner Name	Not yet accorded
Group / Art Unit	1653
Attorney Docket No.	JUV2879.54-3

## METHOD OF PAYMENT (check all that apply)

check  credit card  money order  other  none  
 Deposit Account

Deposit Account Number **50-1123**

Deposit Account Name **Hogan & Hartson L.L.P.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge – late filing fee or oath	65
50	25	Surcharge – late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for ex parte reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SRI after Examiner action	
110	55	Extension for reply within first month	
420	210	Extension for reply within second month	
950	475	Extension for reply within third month	475
1,480	740	Extension for reply within fourth month	
2,010	1,005	Extension for reply within fifth month	
330	165	Notice of Appeal	
330	165	Filing a brief in support of an appeal	
290	145	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive – unavoidable	
1,330	665	Petition to revive – unintentional	
1,330	664	Utility issue fee (or reissue)	
480	240	Design issue fee	
640	320	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Info Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
770	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
770	385	For each additional invention to be examined (37 CFR § 1.129(b))	
770	385	Request for Continued Examination	
900	900	Request for expedited examination of a design application	
Other fee (specify) .....			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

**(\$540)**

## 1. BASIC FILING FEE

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
770	385	Utility Filing Fee	<b>385</b>
340	170	Design filing fee	
530	265	Plant filing fee	
770	385	Reissue filing fee	
160	80	Provisional filing fee	

**SUBTOTAL (1) (\$ 385)**

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
34	-20**=	14	= 126
7	-3**=	4	= 172
Multiple Dependent			=

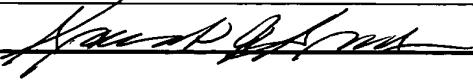
\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
18	9	Claims in excess of 20
86	43	Independent claims in excess of 3
290	145	Multiple dependent claim, if not paid
86	43	**Reissue independent claims over original patent
18	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 298)**

## SUBMITTED BY Complete (if applicable)

Name (Print/Type) **Sarah J. Smith** Registration No. (Attorney/Agent) **41,226** Telephone **(720) 406-5385**

Signature 

Date **8-5-04**